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County Borough of Wolverhampton.



ANNUAL REPORT

UPON

The Health of Wolverhampton

For the Year

1923,

BY

R. H. H. JOLLY, M.D., B.S. (LOND.) D.P.H.,

*Medical Officer of Health,
Medical Superintendent of the Borough
Infectious Hospital.*

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HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor JOSEPH CLARK).
Alderman T. A. HENN (Chairman).

Councillors :

M. CHRISTOPHER.	W. T. PARRY.
A. DAVIES.	J. WALSH.
R. J. EVANS.	F. A. WILLCOCK.

With the addition of Mrs. TOMLINS and Mrs. DALE.

Staff of the Health Department.

Medical Officer of Health :

R. H. H. JOLLY, M.D., B.S., (Lond.) D.P.H.

Assistant Medical Officer of Health :

B. C. HALLER, M.A., L.R.C.P., L.R.C.S., D.P.H.

Analysts :

* E. V. JONES, F.I.C.

* A. E. JOHNSON, B.Sc., F.I.C., A.R.C.S.I.

Veterinary Inspector :

* J. E. CARTWRIGHT, M.R.C.V.S.

Chief Sanitary Inspector :

† JOHN PEERS.

Inspector under the Sale of Food and Drugs Act :

GEO. F. ALLWOOD.

Inspector for Factories and Workshops, and Inspector under the Rag Flock Act :

† H. MORTON.

District Sanitary Inspectors :

† E. R. BROCK.	† F. W. DUNSTAN.	† J. H. DAVIES.
† A. DICKIN.	† H. MATTHEWS.	† G. T. H. BLACKIE,
	† H. BUXTON.	(Resigned Sept. 1923).

Disinfecting Officer :

H. BURROWS.

Clerks :

† W. H. TILLEY.	L. C. HODGKISS.	Miss L. C. POVEY.
J. J. MORRIS.	G. JONES.	Miss N. HUGHES.
A. H. HUDSON.	E. PRICE.	Miss D. MEAKIN.

Borough Infectious Hospital :

Matron : Miss M. BORTON.

Inspector of Midwives and Superintendent of Health Visitors :

† Miss CARTER.

Lady Health Visitors :

†† Miss TONKS.	† Miss H. V. GOODWIN.	† Miss B. HIGGS.
† Mrs. HUTT.	† Miss D. HADLEY.	† Miss S. HULME.

Sales Clerk :

Miss B. KEABLE.

Infant Welfare Clerk :

Miss BENTLEY.

* Part time. † Holder of Certificates of the Royal Sanitary Institute. ‡ Certified Midwives.

S U M M A R Y ,

1 9 2 3 .

AREA OF BOROUGH	3,525 Acres.		
POPULATION (Registrar-General's estimate) ..	106,700		
NUMBER OF INHABITED HOUSES (1921) ..	21,609		
NUMBER OF FAMILIES or separate occupiers (1921)	22,925		
RATEABLE VALUE	£511,641		
Sum represented by a Penny Rate	£1,927		
		1922.	1923.
BIRTH RATE (births per 1,000 living)	22·0	21·4	
DEATH RATE (deaths per 1,000 living)	12·6	11·7	
NATURAL INCREASE OF POPULATION ..	984	1,025	
(Excess of births over deaths in the year)			
INFANT MORTALITY RATE	83	76	
(deaths under 1 year per 1,000 births)			
DEATH RATE from Phthisis	0·68	0·73	
„ „ all forms of Tuberculosis ..	0·88	0·92	
„ „ Diarrhœa and Enteritis of children under 2 years per 1,000 births	6·48	13·61	
„ „ Cancer	1·21	1·28	

HEALTH OFFICES,
TOWN HALL,
WOLVERHAMPTON,

April, 1924.

To the Chairman and Members of the Health Committee.

Gentlemen,

I beg to present my Annual Report on the Health of the County Borough of Wolverhampton for the year 1923.

The summary on the opposite page shews that the year 1923 was a very healthy one, as evidenced by the decline in the general Death Rate, and the Infant Mortality Rate. This same improvement in the Vital Statistics is shewing itself all over England and Wales and cannot therefore be ascribed to any purely local improvement in Health Administration. It is satisfactory to find that the drop in the Mortality Statistics of Wolverhampton is taking place at the same rate as that for the country in general, and is not being retarded by any adverse influences peculiar to this town; but it is still more satisfactory to be able to report that for the third year in succession the crude Death Rate of Wolverhampton is practically as low as that of England and Wales.

The outstanding features of the Health Department's work, to the details of which special attention will be directed in subsequent pages of this Report, are:—

- (1) The Scheme for the Improvement of the (Faulkland Street) Unhealthy Area, which received the official sanction of the Ministry of Health on December 8th, 1923.
- (2) The final stages in the abolition of the old Pail Closet system, and its replacement by Water Carriage.
- (3) The action which is being taken for the improvement of the Milk Supplies of the Borough.

It would be unwise to look for any immediate and tangible results from these three undertakings, but I have no hesitation in saying that when they have been carried through in their entirety they are bound to produce results which fully justify the expenditure and the work which they entail.

This Report has been prepared in conformity with the instructions issued by the Ministry of Health, and in presenting the information and tables I have endeavoured to maintain as far as possible the arrangement instituted in 1921.

Population.—The Registrar-General's estimate of the population of Wolverhampton at the middle of the year 1923, was 106,700. This figure is an increase of 1,000 on the population for the previous year, and coincides for all practical purposes with the natural increase of the population, or excess of births over deaths (1,025). For the two previous years the estimated annual increase has been about 1,700, so it would seem as if this rate were now diminishing. I am inclined to think that the lack of accommodation and the shortage of houses, by preventing new comers from settling in this area, must be held responsible for this slowing down.

Meteorology (see Table I). The early part of the year was relatively mild, and the month of February was marked by heavy rainfall. A warm spell was experienced towards the end of March, and another much more intense heat wave descended on the country early in July. The Autumn months were cold and wet, and winter seemed to set in early. Severe frosts and a considerable amount of snow occurred during the last weeks of the year.

At the Meteorological Station in the West Park the total rainfall for 1923 was 30·94 inches, being an increase of 67% over the amount measured in the dry year 1921. The least rainfall (·28 inch) was noted in June, and the greatest amount in February (5·54 inches).

The mild Spring undoubtedly favoured a low death rate from respiratory diseases during this period, and the spell of hot weather in the Summer was not of sufficiently long duration to give rise to any epidemic affecting the digestive system.

Voluntary Hospitals.—The following Institutions situated within the Borough serve the needs of the inhabitants of Wolverhampton and of the districts in the immediate vicinity:—

- The Wolverhampton and Staffordshire General Hospital (210 Beds)
- The Wolverhampton and Midland Counties Eye Infirmary (50 Beds).
- The Wolverhampton and District Hospital for Women (30 Beds).
- The Queen Victoria Nursing Institution (22 Beds).
- The Maternity Hospital and District Nursing Institution (9 Beds).

VITAL STATISTICS.

(See Tables II, III and IV.)

Births.—A total of 1,206 male, and 1,129 female births were registered in the district during the year. After making the necessary transfers to and from other areas the net total becomes 2,277 births (males 1,175, females 1,102), which is equivalent to a Birth Rate of 21·4 per 1,000. The illegitimate births included in the above, number 74 (3·2% of the total), as compared with 94 last year (4·1% of the total). The Birth Rate still continues to fall, but not so rapidly as it has been doing since 1920.

Deaths.—The net deaths registered amount to a total of 1,250, and the Death Rate per 1,000 population is therefore 11·7. This is the lowest rate ever recorded for the town, and is a figure which was undreamt of twenty-five years ago when the deaths had never been less than 19 per 1,000. There were no uncertified deaths.

A scrutiny of the various causes of death shews that, as usual, Cancer, Consumption, Heart Disease, and Bronchitis or Pneumonia account for the vast majority of fatal illnesses. There has been a slight increase over last year in the number of Cancer deaths and deaths from Heart Disease, but Respiratory Diseases and Influenza shew a big drop. Last year Whooping Cough accounted for several deaths of young persons, but Measles was not very prevalent. This year the reverse has been the case as there have been 26 deaths from Measles, and only 8 from Whooping Cough.

Various factors contribute to the low Death Rate of 11·7. Apart from Measles there was no epidemic of any kind to contend with; the hot weather in July was not accompanied by any excessive incidence of Summer Diarrhoea, there was very little Influenza about, and the mild spring helped to diminish the number of deaths from respiratory affections which are generally so much in evidence during the first three months of the year.

As compared with 1922 there has been a saving of life corresponding to a fall in the Death Rate from 12·6 to 11·7 per 1,000. If the deaths in the various age groups are reduced to a percentage of the total deaths recorded in the year, it will be possible to discover the periods of life in which the saving has been most marked. I find that at all ages from

birth to 25 years, the number of deaths has been lessened, but that this decrease is most marked in the age groups 1—2 and 5—15. In the former group they now form 3·8 % of the total instead of 6·3 %, and in the latter group 1·8 % instead of 4 %. This improvement is largely accounted for by the lessened amount of fatal Bronchitis and Pneumonia at ages 1—2, and by the absence of any fatal cases of Pulmonary Tuberculosis at ages 5—15.

There was a slight increase in the Death Rate from Cancer, which rose from 1·21 per 1,000 in 1922 to 1·28 in 1923.

It will be noted that during the whole year there were 31 deaths classified as due to Diarrhoea and Enteritis. These 31 deaths all occurred in children under 2 years of age. The corresponding Death Rate to this figure is 13·61 per 1,000 births, as compared with 7·70 for England and Wales. The term “Diarrhoea and Enteritis” includes Colic, Dyspepsia, and the various forms of inflammation of the intestines whether returned as infective or not. Infective Enteritis, or Zymotic Diarrhoea is a disease associated with hot weather, the presence of flies, and its epidemic prevalence is increased by imperfect scavenging and cleansing. It is therefore rightly regarded as an index of the sanitary conditions of the district. The other varieties of disease included in the term “Diarrhoea and Enteritis” are many of them non-infective. In some cases improper feeding is the cause, and in others there would appear to be a congenital weakness in the digestive or assimilative powers. From a public health standpoint therefore, these latter conditions are entirely different from Infective Enteritis. If these 31 deaths are further classified it is found that only 11 were due to Infective Enteritis, and that the remainder were caused by other conditions, the majority of which were certainly not infective. It is interesting to note also that these deaths were spread over the whole year, and that the maximum number occurred in the last quarter.

DEATHS FROM DIARRHOEA AND ENTERITIS UNDER 2 YEARS.

Jan.	Feb.	Mar.	April	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.
Nil.	3	1	2	1	2	3	3	4	2	6	4

Table III gives the mortality statistics in Wards, and it will be seen that Blakenhall and Graiseley have the lowest Death Rates and St. James' and St. Mark's the highest.

In 1922 Blakenhall had the best Death Rate, and St. Mark's again occupied a position near the bottom of the list. St. Matthew's Ward and St. James' Ward once more shew the two highest Death Rates from respiratory diseases. Both of these contain a good deal of slum property in addition to numerous large works. The combination is generally a bad one. Works areas and residential areas in a town need to be separated if conditions of living are to be rendered reasonably healthy.

The above figures refer only to the deaths from the various diseases and offer no estimate of the amount of sickness that is prevalent.

In an area with a high death rate from respiratory diseases one might reasonably assume that the amount of illness due to these same causes was high also.

Serious, and often fatal, Bronchitis or Broncho-Pneumonia in debilitated persons and the very young or very old is too often due to negligence of others. A feverish cold in a young adult will often become a dangerous attack of Bronchitis if transferred to anyone whose resistance to disease is low. It is possible to trace quite a number of these deaths from respiratory disease to the careless way in which a person with a cold in the head scatters his germs on all and sundry. For their own sakes those in the early stages of a feverish nasal or bronchial catarrh should remain at home, but it is nothing short of criminal for them to frequent crowded places of amusement whilst in this condition. With every sneeze and every cough they are doing their best to infect some of their hapless neighbours, often with serious results to the latter. It is high time that a feverish cold was regarded as an infectious disease, and some measure of isolation of the sufferer imposed in the interests of others.

TUBERCULOSIS.

(Tables V to VIII.)

Although the general mortality in 1923 was the lowest on record, there were two important causes of death which did not share in this fall, namely, Cancer and Tuberculosis. The Death Rate from all forms of Tuberculosis rose from 0.88 per 1,000 population in 1922 to 0.92 in 1923, and that from Tuberculosis of the respiratory system increased from 0.68 to 0.73. In 1923 there were 171 cases of Respiratory Tuberculosis notified to this department, being an increase of 24 over the previous year. The increase may be due to better notification, or it may be that the wide-spread poverty and distress are increasing the incidence of the disease.

Unfortunately it is rarely possible to restrict the overcrowding which prevails in the homes of so many of the patients, and it is often difficult to suggest any plan by which the sufferer may at least have a bed to himself. An open-air shelter can sometimes be supplied, but even this provision cannot obtain where there is no separate backyard or garden.

Judging by the returns made of the new cases of Respiratory Tuberculosis notified during the year, one is compelled to express the belief that environmental conditions, particularly as regards Housing, are getting worse rather than better. There were 8.2 % of the houses visited which held more than two persons per room as compared with 3.4 % in 1922. Of the total dwellings sheltering these unfortunate sufferers from Tuberculosis 22.8 % contained more than one family, as compared with 19 % last year.

In 18.7 % of the cases notified there was a history of other members of the family having suffered from Tuberculosis, compared with a figure of 14.2 % in 1922. These points merely serve to emphasize the relation that exists between overcrowding and the spread of consumption. The greater the overcrowding the greater the probability that other members of a family will be stricken with the disease. The shortage of houses and the overcrowding that exists increase the difficulties of dealing with the consumptive patient. It is impossible to obtain the best results from sanatorium treatment if the patient on his discharge is compelled to return to an overcrowded and unsuitable home. This is, however, frequently the case.

During the year steps have been taken to make better use of this information from visits to the homes of persons suffering from Tuberculosis. A weekly list of all contact cases of school age is sent to the Education Department, and the Tuberculosis Officer is notified of all deaths certified to be due to this disease.

The register of notified cases of Tuberculosis has been carefully revised and brought up-to-date, and it is now found that there are 2,810 persons living in Wolverhampton who have at some time or other been diagnosed as suffering from some form of this disease.

The efficiency, or otherwise, of notification is worked out in Table VI. Of the 78 deaths from Pulmonary Tuberculosis 17 had never been notified, and only in 29 cases did more than one year elapse between the date of notification and the date of death. Only five of the deaths from Non-Pulmonary Tuberculosis had been previously notified.

Milk.—Six samples of Milk were sent to the Birmingham Public Health Laboratories during the year for examination for the presence of living Tubercle Bacilli. Four of the samples were taken haphazard from Milk purveyed in Wolverhampton, and one of these was reported as containing the Tubercle Bacillus. A visit was paid to the farm, which is outside the Borough; the cows were examined and individual samples secured from two animals showing suspicious signs. As these samples were in due course returned as positive the farmer was prohibited from sending his Milk into Wolverhampton, and the Authorities in whose district his farm was situated was communicated with.

INFECTIOUS AND OTHER DISEASES.

(See Tables IX to XII.)

Small Pox.—In the earlier part of the year there were several cases of this disease discovered in districts immediately adjoining Wolverhampton. All preparations were made for dealing with any outbreak which might occur, but fortunately no case developed in the town itself. A good many contacts were kept under observation, and very careful supervision was exercised over the occupants of all canal boats passing through Wolverhampton, particularly those hailing from Gloucestershire.

A considerable number of doubtful cases were visited in consultation with various Medical Practitioners, but the suspicions that had been raised were not verified in one single incidence.

It is again necessary for me to call attention to the manner in which the safeguards afforded by vaccination and re-vaccination continue to be neglected. There are two types of Small Pox, one mild and the other severe. This country is liable to attack by either type. Although almost all the outbreaks last year were of the mild variety, this is no guarantee that any future epidemic will not belong to the severe and highly fatal type. It is, however, this latter variety that is so highly infectious.

Measles.—A very wide-spread epidemic was prevalent during the early part of the year, and 26 deaths from this disease resulted, 24 of which were registered in the first quarter of the year. All but two of these deaths occurred in children under the age of 5 years.

Although Measles is not now a notifiable infectious disease in this Borough, the Health Department obtained adequate information of its prevalence from the reports on cases of absence-from-school furnished by Head Teachers, copies of which are transmitted from the Education Department. Every fresh household from which a case of Measles has been reported is visited by a District Sanitary Inspector, who makes certain investigations, and ascertains the names of any contacts in the family. The necessary exclusions from School are then made by the Medical Officer of Health.

Chicken Pox.—An epidemic of Chicken Pox arose concurrently with that of Measles, and cases of this disease were also reported to the Health Department by the Head Teachers.

In view of the possibility of any outbreak of Small Pox a careful record was kept of each case, and a spot map prepared shewing the houses and streets affected.

Whooping Cough.—It is probable that the mortality from this distressing childish complaint has been favourably influenced by the mild climatic conditions experienced in the early part of the year. At all events the mortality of $\cdot 08$ per 1,000 is barely half that of the mean figure for the past ten years. Eight deaths were recorded, five of which took place during the last quarter.

Diphtheria.—Wolverhampton continues to remain relatively free from this disease. There were 55 cases notified, of which 12 proved not to be Diphtheria, and only 2 deaths resulted.

The arrangement for free supplies of Diphtheria Antitoxin to Medical Practitioners remains in force.

Enteric Fever.—Only 3 genuine cases were heard of, as the fourth notification was subsequently cancelled. One of these 3 was a case of Para-typhoid Fever. In 2 cases the infection was acquired in Wolverhampton, and in the third it was traceable to another district. There were no deaths.

Scarlet Fever.—The total cases of this disease notified in the Borough amounted to 194, of which 179, or 92 %, were removed to hospital. Seven of these cases subsequently proved not to be Scarlet Fever. The incidence of this disease in Wolverhampton has been very heavy during the years 1920, 1921, and 1922, and it is satisfactory to find that the case rate has now dropped to 1.82 per 1,000 population.

Further details of the Hospital cases are given under the work of that Institution. Only 2 deaths were due to Scarlet Fever during the year.

It is perhaps noteworthy that St. George's Ward had the highest proportion of both Diphtheria and Scarlet Fever cases.

Acute Primary Pneumonia and Acute Influenzal Pneumonia.—There were 69 cases of the former and 20 of the latter notified. Deaths from Primary or Lobar Pneumonia amounted to 99. No deaths occurred from Influenzal Pneumonia.

Every notified case of Pneumonia is visited within a few hours by one of the Health Visitors, and a report furnished on the home conditions and facilities for nursing. The importance of prompt notification of Pneumonia cases is not yet fully realised by the medical profession. If the Health Department can be given early information of these conditions it will generally be possible to obtain the removal of suitable cases to hospital.

The District Nursing Association continue to be very helpful in paying daily visits to patients who need additional nursing assistance in their homes.

Other Infectious Diseases.—Two cases of Encephalitis Lethargica were notified, one was removed to hospital and made good recovery, the other one died. Another Wolverhampton resident died from this disease whilst staying in Lancashire.

Erysipelas accounted for 14 notifications, but there were no deaths.

No cases of Poliomyelitis or Cerebro-Spinal Fever were heard of during the year.

TREATMENT OF INFECTIOUS DISEASES.

The Joint Small Pox Hospital Board re-opened Moxley Hospital for the institutional treatment of Small Pox towards the end of 1923.

The existing arrangements for the treatment of patients suffering from other forms of infectious disease were continued during last year. The Wolverhampton General Hospital received cases of Diphtheria, Puerperal Fever, Enteric Fever, etc., in their Isolation Ward at the cost of the Corporation; and the Municipal Isolation Hospital was reserved for the treatment of Scarlet Fever. The furniture, bedding, and equipment of this latter Institution had not been kept quite up to schedule during the past 4 years, and it was found necessary to subject everything to an extensive overhaul. In spite of the inclement weather greater use was made of the balcony adjoining No. 2 Pavilion, and I have no hesitation in saying that this open-air treatment saved the lives of one or two patients who would undoubtedly have died otherwise.

It is proposed to build a balcony to No. 1 Pavilion almost immediately, in order that all bed-patients may have the same opportunity of getting out in the fresh air as much as possible.

There were 69 cases in the Borough Hospital on January 1st, 1923, and the admission rate continued fairly high during the first quarter, but after that it decreased very considerably, and there were only 14 cases remaining in the Institution at the end of the year.

The total cases admitted were 237, including 55 belonging to other authorities. Although the admission rate was low, the number of patients who developed the disease in a severe form was again rather high (45%). There were 4 deaths in Hospital during the year, 2 of which belonged to Wolverhampton, and the other 2 to outside districts. The average number of beds occupied was 32·2, and the average length of stay in Hospital was 45 days. (See Tables XIII and XIV).

Return Cases (Table XV).—Extra precautions have been taken in order to diminish the number of these return cases. Careful verbal instructions are given to the parent on the patient's discharge, and printed leaflets are also distributed.

There were only 6 return cases last year as compared with 22 the year before. It will be noted from Table XV that in the majority of cases there was more than a week elapsing between the discharge of the patient to his home and the onset to the second case. This favours the belief that the patient again became infectious in consequence of some slight nasal catarrh or similar condition, which developed after he reached home.

Ambulance Facilities.—There is one Motor Ambulance belonging to the Corporation for removing cases of infectious disease.

The General Hospital possess one Motor Ambulance, and the Watch Committee have also provided one Motor Ambulance for accidents and general use.

Bacteriological Examinations.—These are conducted at the Pathological Laboratories of the General Hospital.

Table XX gives particulars of the specimens submitted during the year on account of suspected Diphtheria and Tuberculosis, but does not include examinations in connection with Venereal Disease, which will be found in Table XL.

MATERNITY AND CHILD WELFARE.

Infant Mortality.—(Table XXI). There were 2,203 legitimate births and 74 illegitimate births in the whole Borough during the year. The legitimate births stand at practically the same figure as last year, but the illegitimate ones have decreased by 21 %.

The net deaths under the age of one year were 173, of whom 10 were born out of wedlock.

As compared with last year the various Mortality Rates are as follows :—

	1922.	1923.
(a) Total Infant Mortality Rate (Deaths under 1 year per 1,000 Births)...	84	76
(b) Mortality Rate of Legitimate Infants	83	74
(c) Mortality Rate of Illegitimate „	160	135

The principal defined causes of death were Bronchitis, Pneumonia, Prematurity, and Enteritis.

Although there has been a wonderful saving of infant life in the last 20 years this saving has not yet had any effect on the deaths of very young infants. In 1923 there were 83 deaths under the age of 4 weeks, which is equivalent to a Neo-Natal Mortality of 36·5 per 1,000 births.

The Ante-Natal work in Wolverhampton is making steady progress, but a great deal more remains to be done for the Expectant Mother if we are to be able to reduce this loss of infant life at its very commencement. Certain suggested lines of development will be found at the end of this section.

Work of the Health Visitors.—(See Table XXV). The Borough is divided into six districts, and one Health Visitor is allotted to each district.

There are three Municipal Infant Welfare Centres, each one serving two districts, and both the respective Health Visitors are present at each session of the Centre.

The effects of the reorganization of the work of the Maternity and Child Welfare Department can already be seen by the increased number of home visits paid to Mothers and Babies. Last year a total of 14,601 visits were made by the six Health Visitors, being an increase of 4,111 visits over those in 1921. As it is found that one Health Visitor makes on an average about 2,400 visits in the year, this increase practically represents the work of two additional women, and thereby means a saving to the Corporation of about £360 a year. During 1923 there were 2,213 Births notified to this Department, 2,146 first visits were paid to homes where a Birth had taken place, and 4,813 re-visits to these Babies were made. It is very necessary that as high a percentage as possible of Births notified shall be visited, but the following-up visits are equally important. At the first visit the confidence of the Mother has to be gained, and certain suitable advice given. But there are many pitfalls for those who have the nursing of young infants, even though they may wish to do what is right. It is, therefore, most essential that the Health Visitor should have sufficient time at her disposal to be able to pay a proper number of following-up visits. The figure last year shews that an average of 2·24 revisits were paid for every first visit. This proportion is totally inadequate, but with the existing staff it is impossible to increase the number of these revisits and at the same time carry on the other important branches of Infant Welfare Work.

When a scrutiny is made of the number of visits paid to children between the ages of 1 and 5 years (Toddlers), the position is found to be even worse. At the present time it is impossible for the Health Visiting Staff to keep in proper touch with children of this age, although the Maternity and Child Welfare Scheme is supposed to embrace them equally with young infants. Our Scheme ought to provide for some kind of inspection, either at home or at the Clinic, of children over 1, but under school age, at least every three months, but under existing conditions it is not possible to do more than 25 % of this work.

The Health Visitor is now better known and more appreciated; her services are much in request, and thereby her value in promoting and establishing healthy citizenship is becoming enhanced. For these reasons her work is steadily increasing, and will continue to increase even though the Birth Rate is slightly on the decline. Actually it will

be found that there were 37 less (net) Births in Wolverhampton in 1923 than in the previous year, so that this factor is at present practically negligible.

Infant Welfare Centres.—Two weekly sessions continue to be held at each of the three Municipal Welfare Centres. It will be seen from Table XXVII that this branch of the Maternity and Child Welfare work is still forging ahead. The average attendance per session at each of the three Centres again shews an increase over that of the previous year, and is most marked at the Horseley Fields Centre, where the total attendances for the year have increased from 6,824 to 8,048. This Centre is situated in the poorest district of the town, and it is one where the highest attendances are registered, a fact which is significant of the popularity of the Baby Clinic. It will be difficult to provide additional sessions without some revision of the entire Child Welfare Scheme, but the attendances at Horseley Fields are undoubtedly far too heavy at the present time for the work to be dealt with in an adequate manner.

It will be found that the average number of visits paid to the Centres by each child under 1 year remains fairly constant at about 12. If each new case registered averages 12 visits during the first year it may be concluded that he or she is getting a reasonable amount of supervision during this period. This remark of course only applies to Clinic Babies, and not to those who cannot, or will not, attend. There are still some mothers who bring their babies only once or twice, or who attend very intermittently; but speaking generally one may say that most mothers who bring their baby to the Clinic at all attend fairly regularly during the first year.

The Voluntary Ladies Committee, which was formed in 1922, has done a great deal of work for our Centres during the past year. Besides relieving the Health Visitors of a certain amount of work, these ladies have started Clothing Clubs and Thrift Clubs which have been of the greatest value, and have also organized a series of entertainments and amusements for mothers attending the Clinics, thus increasing the popularity and general utility of the latter.

A good attendance continues to be recorded at the School for Mothers, which is held at No. 4, Salop Street every Monday afternoon.

Ante-Natal Clinic.—Two years ago this Clinic was a failure. Very few Expectant Mothers could be induced to come even once, and the average attendance was less than three persons. It was with some anxiety therefore that the work at this Clinic was watched when it was decided to appoint a Male Assistant Medical Officer for Maternity and Child Welfare. During the year 1923 there were 172 new cases registered at the Ante-Natal Clinic, and the average attendance per session worked out at 18·7 (Table XXVII). I attribute this eminently satisfactory condition of affairs entirely to the tact and skill displayed by Dr. B. C. Haller, the Assistant Medical Officer. The weekly session of this Clinic is now a really heavy morning's work, and cannot be further increased without duplication.

Arrangements have been made with the Maternity Home for pupil Midwives from this Institution to attend the Municipal Ante-Natal Centre, where they can follow up those women whose confinement they themselves will subsequently be attending on the district.

Expectant Mothers whose home circumstances are unsatisfactory, or whose condition is abnormal, can be recommended from the Clinic for admission to the Maternity Home, No. 1, Bath Road, at the cost of the Corporation.

Another Institution, the Mrs. Legge Memorial Home, is open to receive unmarried mothers of previous respectable character during their confinement and for six months afterwards. Only one case was sent by the Corporation to this Home during the year.

No grant is made by the Local Authority to either of these Institutions, the basis of payment being so much per case per week.

Supply of Milk to Expectant and Nursing Mothers and Young Children.—Early in 1923 it was decided to cease the free supply of Raw Milk and to substitute Dried Milk for it, except in particular cases specially recommended by the Medical Officer of the Clinic. The earlier practice had been for an order to be given for a daily supply of a certain quantity of Liquid Milk (Sterilized or Raw), from the usual retailer to the family. During the last nine months of the year all Milk was issued from the Central Depot in 1 lb. packages. The first supply consisted of a 1 lb. tin, but subsequent supplies were issued in cartons, and instructions were given that the empty tin was to be refilled from the carton as soon as it was taken home.

As long as so many homes have no facilities for storing perishable foods and as long as the Raw Milk supplies continue to be of such doubtful purity, I consider that it is expedient to supply only Dried Milk at our Infant Welfare Centres. The drawback to this is that many mothers are inclined to add too much of the Milk Powder when reconstituting this food. On the other hand Dried Milk is not popular as an addition to a cup of tea, and there is therefore a greater chance of its reaching the person for whom it is intended instead of being shared with the entire family.

The total expenditure on free Milk during the year was £968, and the average daily amount issued was 284 pints.

Dried Milk is also sold at cost price to mothers who cannot afford to purchase from a retailer in the ordinary way.

Maternal Mortality.—Nine cases of Puerperal Fever were notified during the year, and six of these were removed to hospital. Four deaths occurred. There were ten other deaths classified as arising in connection with the Puerperal state, making a total of 14. This gives a Maternal Mortality of 6·1 per 1,000 births, as compared with 4·7 last year. This rate is far too high and indicates the need for increased provision for the care and treatment of the mother, both before and during her confinement. The high maternal mortality, the increased proportion of still births and the practically stationary neo-natal death rate, are the chief adverse features of this report. A more complete and more effective midwifery and maternity service, including proper ante-natal supervision, are best calculated to deal with all three conditions.

Home Helps.—Under certain circumstances the Corporation will provide reliable women to assist in the home during the mother's confinement. The usual period for which these Home Helps are supplied is ten days, and the hours of duty are from 8 a.m. to 5 p.m.

This assistance was supplied in 51 cases during the year, and the sum of £20 12s. 6d. was recovered from the parents.

Ophthalmia Neonatorum.—(See Table XXVIII). During the year 41 babies were notified as suffering from this disease, 5 of whom obtained domiciliary treatment from a medical man, the remainder attending the Eye Infirmary. In only one case was it found necessary

to admit the infant as an In-patient. In one case the result could not be ascertained, as the parents lived on a canal boat, which left Wolverhampton in a few days' time. All the other cases recovered with sight apparently perfect, but one child died of another disease a few days after the notification of Ophthalmia.

Midwives.—During 1923, 44 Midwives notified their intention to practise in this district. Of this number 28 were trained and 16 untrained. The former number includes 13 trained Midwives working in Institutions.

Table XXVI gives particulars of the births and still-births notified in accordance with the provisions of the Notification of Births' Act. It will be noted that, including still-births, 77 % of the notifications were by Midwives, and the remainder by Doctors, parents, and others.

The still-births notified have increased from 63 in 1922 to 121 in 1923. The proportion of still-births to live births was 5·5 % in 1923 as compared with 2·5 % in the previous year. This increase must be considered in conjunction with the increase of maternal mortality, to which attention has already been drawn.

The work of the Superintendent of Midwives, and the conditions for which Doctors were called in by Midwives, will be found in Tables XXIII and XXIV. If all emergencies for which a Doctor was summoned are included, 24 % of Midwives' cases required a medical man. If emergencies during the puerperium, and those in connection with infants are excluded, this figure falls to 13·2 %.

A course of 8 Lectures is held each winter for Midwives practising in this area. The majority of the Lectures are given by medical men, and cover most of the work of a Midwife, both as regards her duties to the mother and to the new born child. I am glad to state that this annual post-graduate course is well attended, both by the untrained and the trained Midwives in this district.

It has not been found necessary to establish subsidised Midwives in this town. The Corporation do, however, refund the Midwives' fee of £1 1s. 0d. in necessitous cases. The actual payments under this heading last year amounted to £115 10s. 0d.

“Baby Week.”—Early in the year a Voluntary Ladies’ Committee was formed for the purpose of organizing this important method of propaganda in connection with Maternity and Child Welfare work. It is entirely owing to the exertions of these ladies that “Baby Week” 1923, which was held in this town from June 24th to July 1st, was such a success. The various items included :—

- (1) An Infant Welfare Exhibition, held on June 26th, 27th, and 28th. Several commercial firms were represented, and other stalls were equipped by the local branch of the Red Cross Society, the Health Visitors, and the Education Department. Short Lectures were given at intervals, and there were also demonstrations in Mothercraft, and in Domestic Washing and Ironing.
- (2) Another feature was the Baby Show, with prizes and certificates for the winners in the various classes. The system of marking adopted was based on that recommended by the National Baby Week Council, and special marks were awarded for Mothercraft.
- (3) On June 28th there was an attendance of about 300 persons in the Theatre Royal to hear a Lecture by Miss Norah March, B.Sc., (Secretary of the National Baby Week Council), on “Babyhood—What it means and what it promises.”
- (4) The local press proved most helpful in giving publicity throughout the campaign, and also permitted the insertion of articles dealing with the objects of “Baby Week.”
- (5) On Saturday afternoon, June 30th, the proceedings terminated in a most successful manner with an entertainment and distribution of prizes in the Hippodrome. Various tableaux and dances were given by Scholars from the different Elementary Schools in the Borough, to an audience consisting entirely of the mothers attending the various Clinics.

It may be useful heré to define the limitations of Wolverhampton's existing Maternity and Child Welfare Scheme, and the main extensions that require to be made if it is to develop its full measure of effectiveness. The various Clinic premises are the most suitable that can be obtained under present conditions, but at the best they are only make-shifts which have been adapted for their purpose. Buildings properly designed to meet the requirements of this work would render it very much easier, and the moral influence on the mothers of bright hygienic surroundings would be inestimable. Such buildings might well include one or two small observation wards for babies who had failed to thrive on ordinary diet, or for the reception of both mother and infant in cases where the re-establishment of breast feeding was considered possible. I have already called attention to the relative lack of lying-in accommodation for women whose home circumstances are utterly impossible, and shall therefore content myself with saying that so far nothing further has been accomplished in this direction.

The provision of home nursing for necessitous cases of Measles, Whooping Cough, and Summer Diarrhoea, is likely to be an accomplished fact by the time this Report is printed, as the Committee of the District Nurses Home have agreed to the proposals that have been made to them on this subject.

Both in the interests of the mother and her offspring it is very advisable that dental treatment should be included in the scheme, and it is hoped that the negotiations which are now being carried on may be successful, and that this valuable extension of Maternity and Child Welfare work may be commenced within the next few months.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water Supply.—When the new borings at Dimmingsdale have been completed, it is confidently anticipated that they will be able to provide two million gallons a day. This new source of supply should render it unnecessary to obtain any Water from the River Worf, a stream which is always liable to become polluted.

The inadequate provision of draw-off taps to many of the oldest houses in the Borough has been receiving special attention during the past year. In a number of cases these houses have no inside sink at all, nor would space permit one to be installed. It is, therefore, not practicable to require a tap inside every house. What has been done, however, is to see that every house shall have a water tap within a reasonable distance. In any blocks of houses where it is found that one common tap serves more than five houses, the Owner has been called upon to provide one or more extra stand pipes.

Two wells in the Borough were closed during the year.

Scavenging and Cleansing.—The 12 cell Destructor at Crown Street fulfils all the requirements of the town, and is fully capable of dealing with the refuse. The weekly collection of house refuse is being facilitated by the steady elimination of Ash-pits, and their replacement by Sanitary Dust-bins. During the year 87 Ash-pits were abolished and 2,025 Bins provided.

Disinfection and Disinfestation.—There is a low pressure Steam Disinfector at the Borough Infectious Hospital, which serves the needs of that Institution, but is not capable of dealing with all the articles that should be “stoved” after the removal of a case of infectious disease from the house. No central disinfecting station has yet been provided in the town.

Closet Accommodation.—The year 1923 has witnessed the closing stages of the Pail Closet Conversion Scheme, which was commenced in 1914, but had to be suspended during the War. At the end of 1922, owing to the fall in the cost of labour and materials, the Corporation's contribution towards the expense of every conversion satisfactorily carried out by the Owner was reduced from £6 (the amount offered from 1919 onwards) to £5. At this time too, it began

to be realized that the Corporation would have to exercise their power under Article 4 of the Wolverhampton Order 1896, and act in default of the Owner in a considerable number of cases if the scheme was to be carried out in its entirety. Arrangements were therefore made for the Borough Engineer's Department to undertake the work in those cases in which the Owners were unwilling to do so.

The total number of Pail Closets converted into Water Closets during 1923 was 1,740, of which 1,128 were done by agreement, and 612 in default.

The progress of the scheme can best be shewn by giving the annual number of conversions carried out each year since its commencement :—

1914	...	2,208	1919	...	19
1915	...	1,809	1920	...	55
1916	...	74	1921	...	750
1917	...	31	1922	...	2,859
1918	...	13	1923	...	1,740
		Total	...	9,558.	

A careful count shewed that only 376 of these insanitary structures were remaining in the Borough at the end of the year, and that conversion work was already in progress in respect of 71 of them. Not quite all the remainder can be dealt with, as the absence of sewer or some other exceptional circumstances will render this impossible in a certain number of cases. Even so the reduction of the Pail Closets in the Borough from a round figure of 10,000 to approximately 100 is a sanitary undertaking of some magnitude.

The Refuse disposal system in Wolverhampton would indeed be a matter for congratulation if this were all, but unfortunately the Waste Water Closets have yet to be got rid of. Although these structures were looked upon as much superior to Pail Closets when they were first invented, it is very doubtful if they had any good points even compared with Pail Closets. The Container or Tipper lies some feet below the level of the seat, leaving a fouling surface about 15 square feet in area between it and the seat. This filth-coated surface is never cleansed and has all the disadvantages of a Pan Closet. In addition to this the

tipper mechanism frequently gets out of order and causes the drain to become choked up and require unstopping, to do which it is necessary to disconnect and remove the pedestal. After repairs of this nature it is often found that a leaking joint remains between the joint and the pedestal, and the ground beneath the Waste Water Closet slowly becomes saturated with sewage matter

Ash and Refuse Receptacles.—The abolition of Ashpits and their substitution by Sanitary Dust Bins has proceeded concurrently with the Pail Closet Conversion Scheme.

The Ash Receptacles other than Bins which still exist in the town cannot properly be called Ashpits. Most of them are brick structures about the same size as an outside water closet, having a brick or concrete floor level with the ground, and provided with a roof and a door. They are locally known as “shovel-ups”, and when kept in good order and condition the main objection to them is the amount of dust and rubbish spilt and blown about when they are emptied.

The Cleansing Superintendent informs me that the numbers of the various types of Ash Receptacles in the Borough are now as follows:—

Bins	...	...	...	18,115.
Shovel-ups	...	...	...	2,305.
Large open Ashpits	...	...	...	64.
Cesspools	...	...	...	6.
Midden Pits	...	...	...	5.
Miscellaneous	...	...	...	266.

SANITARY INSPECTION OF THE DISTRICT.

The Pail Closet Conversion Scheme and the detailed work necessary in connection with the Faulkland Street Unhealthy Area made considerable demands for some time on the Inspectors. In spite of this it was possible to maintain the general scheme of supervision of the entire Borough with only slight modification.

In a town with much old and dilapidated property sanitary defects are continually arising, and the repairs that follow can in many instances only be temporary ones. It therefore often happens that fresh nuisances are discovered every time a routine inspection is made.

The figures given in Tables XXXI--XXXIV shew that the standard of efficiency mentioned in previous reports has been well maintained. The number of inspections made is practically the same as last year, but fewer defects have had to be reported, and consequently fewer improvements have taken place. Non-compliance with the requirements of Notices led to prosecutions in 33 instances, including 4 for Bye-Law infringements.

Summaries of the work of the Inspector under the Canal Boats' Act and the Inspector for Factories and Workshops are given in Table XXX.

Rag Flock Act.—Eleven samples of Rag Flock were taken during the year. Although the analysis revealed a higher percentage of soluble Chlorine than in the previous year, in no case was the amount permissible under the Act exceeded.

Smoke Abatement.—Increasing attention is being paid to this subject. There were 52 half-hour observations made of certain works' chimneys, and cautionary letters were sent in three instances. In no case was it necessary to take Police Court proceedings to bring about the desired abatement of the nuisance.

HOUSING.

The detailed Report of the Registrar General on the findings of the Census in 1921 is now available. It is shewn that the population of Wolverhampton has increased by 7·4 % since the last Census (1911). This increase is the greatest for any County Borough in Staffordshire

with the exception of Smethwick. The excess of Births over Deaths in the 10 $\frac{1}{4}$ years was 9,531, and there was a loss of 2,517 by migration, so that the net increase was 7,014. The number of persons per acre in Wolverhampton is 29, a degree of density which is only exceeded by two other places in Staffordshire, namely, Smethwick and Newcastle-under-Lyme. In two of the wards of this town the density of persons per acre is much higher even than this. It is 74 per acre in St. John's Ward and 53 per acre in St. Peter's Ward.

As regards actual housing conditions, there were 182 families living in one-roomed houses, and 1,924 families (consisting of 5,498 persons) living in two-roomed houses. There were 1,177 structurally separate dwellings occupied by two private families, and 60 by three or more families. The number of rooms per person was highest in Park Ward (1.40 rooms per person), and lowest in St. Peter's Ward (0.81 rooms per person), and St. Mary's Ward (0.87 rooms per person). Considering the town as a whole the number of rooms per person had declined from 1.07 in 1911 to 1.05 in 1921, excluding in each case houses of more than 9 rooms.

The average size of a family had decreased from 4.55 persons in 1911 to 4.38 in 1921. The Registrar General states that this decrease is a natural consequence of the increase in the Marriage Rate in association with a heavily reduced Birth Rate and an increased (allowing for War Deaths) Death Rate. In the 10 years 1911/21 the total number of dwellings in this town has increased by 1,408 (6.9 %), whilst the number of families has increased by 2,423 (11.8 %). The percentage of families in the town living in houses of one, two, and three rooms has increased, whilst there is a slight decrease in the percentage of families living in houses containing four or more rooms. The population living under such housing conditions that there are more than two persons per room, has increased from 4,641 to 7,930. This shews that the lessened size of the family has not given more room space per person, but that the smaller sized families now existing are actually packed more densely than similarly sized ones would have been in 1911. It has further to be remembered that all these figures are based on the actual population enumerated at the Census (102,324), and not on the revised figure of 104,000 which was afterwards calculated by the Registrar General's Department as being more accurate in view of the holiday migration.

During 1923 a total of 157 houses were erected in this Borough, of which 71 were built by private enterprise, the remainder being part of the Municipal Housing Scheme. In addition to this 47 houses were erected by the Corporation on their housing site at Oxley, which is outside the Borough.

The Housing Director informs me that it is hoped to erect 250 Corporation houses during the present year, in addition to those of the subsidy type to be constructed by private enterprise.

The Housing needs of the whole Country have been estimated as about Two Million houses. On a population basis Wolverhampton's share would be 5,400 houses. If this is anything like an approximate estimate of the local deficiency, and it is to be overtaken within the next ten years, it will be necessary for a minimum of 540 houses a year to be built.

The findings of this department indicate that the need of working class dwellings is as great as ever, but that families are becoming so accustomed to sharing a house under more or less overcrowded conditions that their standards of living are suffering. The type of working class houses that are now being built are a tremendous improvement on those long rows of brick boxes that were run up 50 to 60 years ago. There are modern appliances for the housewife, bath, inside sink, hot and cold water, and other things that go to lighten the labour in the home, and increase the standard of decency and cleanliness. One hopes that it is the desire of every head of a family to give his wife and children comfortable and healthy surroundings, but it is absurd to imagine that a modern five-roomed house can be rented for the same money as a slum dwelling. The superior article is bound to cost more. In the days before the War a man used to reckon that a certain percentage of his wages was spent in rent, and the house this money sufficed to obtain was often little better than a hovel. Now, however, he wants a nice home but still does not expect to have to pay more than the same proportion of his wages for it. The head of the family will have to recognize that, for the sake of the health and comfort of his wife and children, he must set aside a greater fraction of his wages to provide a home which reduces drudgery, promotes cleanliness, and creates happiness, at the expense of increased economy in some other direction,

Slum Clearance.—An important step in this direction has been undertaken by the Corporation. In March 1923 Official Representation was made to the Local Authority that certain streets, courts and houses covering a site of 27,005 square yards constituted an Unhealthy Area. An Improvement Scheme (Faulkland Street Area Improvement Scheme) was prepared and submitted to the Ministry of Health, and a Local Enquiry was held in July. At the end of the year an Order was made by the Ministry sanctioning this Improvement Scheme under Part I of the Housing of the Working Classes' Act, 1890. The area in question comprised 279 dwelling houses and 8 small works ; it included 27 courts containing between them 115 houses of which 36 were back-to-back and 39 "single" houses. It had a population of 1,498 persons and there were 304 separate families. The density of ~~houses~~ *persons* per acre was 268. The vital statistics of this area, as might be expected, compared very unfavourably with those for the whole town.

The scheme provided for the demolition of the whole of the properties on this area, the re-housing of the population, partly on the site and partly elsewhere, and the laying-out of the open spaces, etc.

The scheme approved differs very little from the original save that the basis of compensation for 7 of the properties has been increased.

Several other areas will have to be tackled before this town is rid of its legacy of worn out slum property. Were it not for the acute housing shortage many individual houses should be closed and demolished as unfit for habitation, but unfortunately such a step is rarely possible at present owing to the lack of alternative accommodation.

During the year Closing Orders were made in respect of 2 dwelling houses, and 3 others which were void were voluntarily pulled down by the Owners.

FOOD.

Power to exercise better supervision over the production and sale of certain common articles of food is gradually being obtained, but there is no doubt that the public conscience requires awakening to the amount of contamination to which many of the staple food stuffs are exposed before they reach the consumer.

One sees joints of meat hanging outside shops where all the dust and dirt of the street can reach them, one notices unwrapped loaves of bread lying for hours on the doorsteps of houses, sweets and confectionery are usually measured out by hand even in the better class establishments, and no attempt is made to protect cakes and pastries lying on the counter from contamination by persons or flies.

Legislation is very necessary to enable Sanitary Authorities to supervise the preparation, transport and storage of all classes of food stuffs, and to frame Bye-Laws for the better protection of these articles from contamination.

Private Slaughter Houses.—The definite policy of the Health Committee has been to reduce the number of private Slaughter Houses in the Borough gradually by withdrawing a certain number of licenses each year.

During 1923 a careful review of all the existing premises was made and it was decided that 5 licenses could not be renewed. These 5, though maintained in a satisfactory state as regards cleanliness, were all situated in highly congested areas of the town, and their environment was totally unsuitable. At the end of the year there were 14 private Slaughter Houses, all subject to yearly renewal of license.

Municipal Abattoir.—The action referred to above is causing a steady increase in the amount of slaughtering that takes place at the Abattoir, and it has already been found necessary to provide extra accommodation there.

The request made by local butchers for private lock-up compartments in the Public Abattoir seems a reasonable one, and there is no doubt that some provision of this nature would be much appreciated, and would go far to reconcile them to the abolition of private Slaughter Houses.

Bakehouses (including Factory Bakehouses).—There are 71 Bakehouses in the Borough, including one Underground Bakehouse and 24 Factory Bakehouses.

During the year 4 new premises were registered. The total number of visits of inspection paid was 530,

Offensive Trades.—The following is a list of Offensive Trades carried on in Wolverhampton :—

Bone Boiler	...	...	1
Gut Scraper	...	...	2
Hide and Skin Dealer	...	...	2
Rag and Bone Dealer	...	...	5
Tripe Boiler	...	...	7
Fish Frier	...	...	90

Two prosecutions became necessary during the year. In one case the summons was for an infringement of the Bye-Laws, and in the other the unlawful establishment of an offensive trade. Convictions were secured in both cases.

The number of applications for Fish Frying permits has greatly diminished. During the year a total of 14 were received, but only 2 of these were granted.

Milk.—There are 6 Dairies, 8 Cowsheds, and 305 registered Milkshops in the Borough.

Early in the year a report was presented to the Health Committee giving the results of the bacteriological examinations of a series of samples of Raw Milk taken in course of delivery.

The laboratory findings were that 33 % of these samples gave a bacterial count of over five million organisms per cubic centimetre, and that only 5 % of the milk samples contained less than one million organisms per cubic centimetre.

As only about one-twentieth of the Milk consumed in Wolverhampton is produced within the Borough boundaries there can be very little supervision exercised by this department over the sources of supply.

The following action has however been taken for the purpose of safeguarding, as far as possible, the Milk sold in this town, and for encouraging the production of a clean and safe article :—

- (a) Revised Regulations under the Dairies, Cowsheds, and Milkshops Order were drawn up, approved by the Ministry of Health, and came into force on August 7th, 1923.

- (b) A scheme for eliminating undesirable Milk Shops was formulated and approved by the Health Committee. Under this scheme registration is refused to small general shops where Milk is exposed to all kinds of contamination, the sole exceptions being those shops where only bottled milk is sold. Every consideration is however given to businesses where the sale of Milk is the chief item, in the hope that the dwindling opposition may encourage them to develop their sale of dairy produce to the exclusion of all other articles.
- (c) With the co-operation of the Staffordshire Farmers' Association, and the local Milk Retailers' Association a Lantern Lecture was given in the Town Hall, on November 28th, by Dr. R. Stenhouse Williams of the National Institute for Research in Dairying on the "Production and Handling of Clean Milk." As a result of this lecture there is good reason for hoping that Grade "A" Milk will be on sale in Wolverhampton in the near future.
- (d) The investigations made for detecting the presence of Tubercle Bacilli in various samples will be found in the section dealing with Tuberculosis.

Sale of Food and Drugs Acts.—Tables XXXVII and XXXVIII give the reports on the various articles submitted to the Public Analysts during 1923, and the action taken in respect of samples found to be adulterated. It will be seen that out of a total of 248 samples submitted only 13, or 5·2 % were found to be not genuine.

Special investigations were made into the amount of preservative present in sausage, saveloys, brawn, pork pies, etc. 24 samples were taken for this purpose and Boric Acid was reported present in all but 3. The amount varied between 0·01 % and 0·70 %. Even for articles of a similar nature there was a very wide divergence in the amount of preservative added, some containing ten times as much as others.

By the direction of the Health Committee a circular letter was sent to all pastry cooks and retailers of articles of this nature in the town calling their attention to the dangerous effects that excess of Boric Acid might produce on the consumer, and suggesting that, where one sample of sausage was found to contain ten to twelve times as much preservative as another sample it might be inferred that this drug was being added by some manufacturers in an extremely haphazard and careless way.

A special warning letter was also sent by the Town Clerk to those persons from whom the four samples had been purchased which contained the greatest amount of preservative.

Now that there is a Special Committee investigating the whole question of preservatives it is to be hoped that it will not be long before legal standards are laid down defining the maximum amount of any drug which may be added to any class of food stuffs.

Boric Acid and similar substances are being introduced into articles in order to check bacterial multiplication and delay the advent of decomposition changes, but the manufacturers overlook the fact that the same drugs will also tend to inhibit the bacterial action in the alimentary system which is an essential feature in the process of digestion.

The dangers of the additions of preservatives to food-stuffs are three-fold; they mask early decomposition changes; they cause definite toxic effects in susceptible persons, and they are liable to upset the digestion.

VENEREAL DISEASES.

In common with the County Councils of Staffordshire and Shropshire, the Wolverhampton Corporation have made arrangements with the Board of Management of the General Hospital, whereby the latter provide, equip, and staff, a Venereal Disease Treatment Centre within the Hospital grounds.

The approved Laboratory for Bacteriological Examinations which adjoins the Treatment Centre belongs to the Staffordshire County Council.

This arrangement for working continues to give very satisfactory results.

There was a further slight falling off in the total number of new cases presenting themselves for treatment during 1923, but the number of Wolverhampton new cases actually shew a slight increase. It is important to notice that the total number of attendances of persons residing in this area has increased since last year by over 20%, and that the number of persons who ceased to attend before completing the course of treatment advised had dropped from 22 in 1922 to 11 in 1923. See Table XL).

The value of a Treatment Centre lies (1) in the number of persons suffering from V.D. who can be induced to attend, and (2) the percentage of those persons who, as a result of treatment, are cured or at any

rate rendered non-infective to others. The success or failure of a Clinic, judging from this latter standpoint, can be shewn to depend on the personality and skill of the Medical Officer to the Centre more than any other factor.

The figures quoted above shew that the Wolverhampton V. D. Clinic is adequately fulfilling these requirements, and is of real service in the campaign for checking the spread of Venereal Disease. Persons requiring In-patient treatment can be recommended for admission to the General Hospital, where two beds are reserved for V. D. cases. Women of the rescue class suffering from Venereal Disease can be received into the Cleveland House Hostel for Women, which is situated quite close to the General Hospital.

HEALTH PROPAGANDA WORK.

Apart from heredity the health of the individual is largely a matter of education. It is impossible to make and keep people healthy against their will. The desire to be fit and well and a knowledge of the best means of attaining this happy state have to be promoted and encouraged.

There will always be some persons unmindful of the welfare of others; there will always be wasters and rotters who care nothing either for their own health or that of anyone else, and these people will still have to be dealt with by Notices and Police Court proceedings when their neglect becomes a danger to the community, but the vast majority of persons are anxious to learn more about the laws of health, provided that these facts are presented in an interesting and attractive manner.

As Health Propaganda Work is still in its infancy the most efficient way of carrying it out is not yet known, and one can only experiment and draw conclusions. Meanwhile, it may be said that the Health Department has never yet refused a request from any person or body of persons for a talk on health matters.

During the year Addresses have been given on a variety of subjects, including Tuberculosis, Atmospheric Pollution, Venereal Disease, Domestic Hygiene, and other topics of special interest, some of which have already been referred to in this Report (Table XLI).

I again have to thank the local press for the generous support they have given this work by publishing full reports of the various lectures, and by inserting special articles dealing with items of public health interest.

STAFF, ETC.

It is my good fortune to be at the head of a capable, keen, and loyal staff, all anxious to fulfil the spirit rather than the letter of their instructions. The work of the past year has been heavy in many respects, but it has been accomplished in a manner that is entirely satisfactory.

Once again I desire to acknowledge my indebtedness to the Borough Treasurer, the Housing Director, the Water Engineer, and the Cleansing Superintendent, for certain of the information appearing in this Report.

I also desire to take this opportunity of expressing my sincere thanks to each Member of the Health Committee for his support, and for the ready assistance that has always been accorded to me when I have had occasion to require it.

I have the honour to be,

Your obedient servant,

R. H. H. JOLLY,

Medical Officer of Health.

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TABLE I.

1923	Mean Pressure of Barometer, Station Level	Sea Level	Mean Relative Humidity	Mean of Max. and Min. Tem.	Mean undergrnd. Temp.		Absolute Extremes of Temperature			Direction of Wind								Total Rain- fall. In.	
					1 ft.	4 ft.	High- est	Date	Low- est	Date	N.	N.E.	E.	S.E.	S.	S.W.	W.		N.W.
January	29.743	30.225	90	40.6	40.7	44.5	53.5	31st	26.8	12th	2	...	...	...	6	3	20	1.75	
Feb.	29.054	29.553	92	40.9	41.4	44.3	54.8	1st	29.5	21st	...	2	...	7	3	11	2	3	5.54
March	29.547	30.042	89	43.0	43.2	44.1	63.8	27th	31.8	24th	2	4	4	8	...	11	...	2	1.58
April	29.261	29.754	75	44.1	46.5	45.5	60.2	4th	26.5	23rd	3	4	2	11	1	6	1	3	2.63
May	29.415	29.913	75	47.4	51.1	47.9	75.2	3rd	32.8	13th	2	6	3	...	...	6	1	13	1.76
June	29.665	30.141	78	52.7	54.0	50.2	70.5	23rd	40.8	5th	3	7	...	1	...	3	1	15	0.28
July	29.527	29.973	74	63.6	60.4	54.2	89.2	12th	47.5	27th	1	3	...	3	...	10	2	12	3.28
August	29.443	29.898	84	58.1	59.2	56.2	79.8	14th	42.5	28th	...	1	...	...	...	17	1	12	2.07
Sept.	29.456	29.927	83	53.3	55.4	54.6	72.5	30th	32.2	3rd	1	...	...	...	1	14	2	12	2.69
Oct.	29.184	29.668	86	48.1	51.4	52.1	60.5	1st	32.8	5th	...	...	...	...	...	17	3	11	4.11
Nov.	29.259	29.771	90	37.0	42.8	48.2	55.5	2nd	21.2	25th	...	8	1	1	...	12	1	7	2.01
Dec.	29.452	29.954	89	38.3	39.1	44.1	49.8	16th	22.5	25th	2	4	...	1	...	11	...	13	3.24

TABLE II.

Year. 1.	Population to middle of each year. 2.	BIRTHS. Net.		DEATHS BELONGING TO THE DISTRICT.					Deaths of Non-Residents in the District 8.	Deaths of Residents occurring outside the District. 9.	Total Deaths registered in the District.	
		No. 3 & 4.	Rate. 5.	Under 1 year of age		At all ages		No. 6.			Rate. 7.	
				No. 10.	Rate per 1,000 Births 11.	No. 12.	Rate 13.					
1914	95,615	2,610	27·4	295	113	1,495	15·6	284	163	217	1,441	15·1
1915	94,968	2,381	25·0	317	132	1,623	17·1	270	150	222	1,551	16·3
1916	93,023	2,298	22·9	238	104	1,391	15·0	289	179	207	1,363	14·6
1917	93,037	2,009	19·4	165	82	1,272	13·7	294	184	199	1,257	13·5
1918	92,017	2,095	20·3	202	97	1,692	18·4	344	215	233	1,674	18·2
1919	98,403	2,137	20·2	214	102	1,541	15·4	326	199	224	1,516	15·4
1920	102,324	2,904	28·3	253	87	1,287	12·6	310	199	188	1,298	12·7
1921	104,000	2,591	24·9	228	88	1,255	12·1	343	216	198	1,273	12·2
1922	105,700	2,314	22·0	193	83	1,330	12·6	362	239	264	1,310	12·4
1923	106,700	2,277	21·4	173	76	1,250	11·7	410	277	219	1,308	12·3

AREA OF DISTRICT IN ACRES, 3,525.

Institutions within the Borough receiving sick and infirm persons from without the Borough :—
 The Wolverhampton and Staffordshire Hospital; The Wolverhampton Borough Hospital; The Wolverhampton and
 Midland Counties Eye Infirmary; The Wolverhampton and District Hospital for Women; The Queen Victoria Nursing Institution.

VITAL STATISTICS DURING 1923, IN WARDS.

TABLE III.

WARD	Adjusted Population	Nett Births	Birth Rate	Nett Deaths	Death Rate	Deaths under 1 year	Infant Mortality Rate	Deaths from Diarrhoea under 2 years	Diarrhoea Death Rate per 1,000 Births	Deaths from Phthisis	Rate	Deaths from Tuberculosis all forms	Rate	Deaths from Respiratory diseases, excluding Phthisis	Rate
St. Peter ...	6853	140	20·4	81	11·8	9	64	...	...	9	1·31	10	1·46	19	2·77
St. Mary ...	9515	205	21·5	107	11·2	23	112	4	19·51	5	0·53	6	0·63	26	2·73
St. James ...	7501	193	25·7	116	15·5	16	83	5	25·91	9	1·20	11	1·47	26	3·47
St. Matthew	9163	274	29·9	120	13·1	33	120	4	14·60	8	0·87	11	1·20	31	3·38
St. George...	11332	290	25·9	152	13·4	20	69	1	3·45	7	0·62	10	0·88	33	2·91
St. John ...	7578	200	26·4	100	13·2	14	70	1	5·00	6	0·79	9	1·19	22	2·90
Blakenhall...	10576	151	14·3	81	7·7	9	60	2	13·25	3	0·28	5	0·47	14	1·32
Graiseley ...	11470	222	19·4	100	8·7	12	54	1	4·50	10	0·87	11	0·96	13	1·13
Merridale ...	6152	105	17·1	81	13·2	8	76	4	38·10	5	0·81	6	0·98	16	2·60
St. Mark ...	6670	104	15·6	94	14·1	10	96	3	28·85	8	1·20	8	1·20	15	2·25
Park ...	9144	226	24·7	97	10·6	5	22	1	4·42	5	0·55	6	0·66	15	1·64
Dunstall ...	10746	167	15·5	121	11·3	14	84	5	29·94	3	0·28	5	0·47	26	2·42
Borough ...	106,700	2277	21·4	1250	11·7	173	76	31	13·61	78	0·73	98	0·92	256	2·40

TABLE IV.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1923.

CAUSES OF DEATH.			Net Deaths at the subjoined ages of Residents within the Borough.									Total Deaths in Institutions in the district
			All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
All causes	Certified	...	1250	173	48	38	22	31	145	309	484	410
	Uncertified	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	26	3	11	10	1	1	...	...	...	1
Scarlet Fever	...	...	2	...	1	...	1	...	...	...	...	4
Whooping Cough...	...	...	8	4	2	1	1	...	...	...	...	1
Diphtheria and Croup	...	...	2	...	2	...	...	...	...	...	...	9
Influenza	...	...	20	1	1	...	2	2	2	6	6	2
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	...	...	78	2	...	...	...	9	44	21	2	10
Tuberculous Meningitis	...	...	14	2	5	5	1	1	...	...	...	10
Other Tuberculous Diseases	...	...	6	...	1	1	1	1	2	...	...	6
Cancer, malignant disease	...	...	136	...	...	...	1	...	9	71	55	48
Rheumatic Fever...	...	...	4	...	...	1	...	1	2	...	...	...
Meningitis	...	...	16	3	2	4	1	2	2	2	...	14
Organic Heart Disease	...	...	129	...	...	...	2	1	7	38	81	10
Bronchitis	...	...	138	17	3	2	...	...	4	29	83	3
Pneumonia (all forms)	...	...	99	19	12	6	1	2	20	25	14	43
Other diseases of respiratory organs	...	...	19	...	...	...	...	1	1	7	10	9
Diarrhœa and Enteritis	...	...	31	27	4	...	...	...	...	...	...	8
Appendicitis	...	...	6	...	...	...	1	2	1	1	1	23
Cirrhosis of Liver	...	...	6	...	...	...	...	...	1	5	...	3
Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and Bright's Disease	...	...	33	...	1	1	...	...	3	11	17	6
Puerperal Fever	...	...	4	...	...	...	...	...	4	...	...	4
Other accidents and diseases of Pregnancy and Partu- rition...	...	...	10	...	...	...	...	...	10	...	...	8
Congenital Debility and Malformation, including Premature Birth	...	...	73	71	1	1	...	...	...	...	...	12
Violent Deaths, excluding Suicide	...	...	30	2	2	3	3	5	2	3	10	34
Suicide	...	...	9	...	...	...	...	...	6	1	2	...
Other Defined Diseases	...	...	342	22	...	3	6	3	25	81	202	141
Diseases ill-defined or unknown	...	...	9	...	...	...	...	...	...	8	1	1
Totals	...	...	1250	173	48	38	22	31	145	309	484	410

TABLE V.
TUBERCULOSIS, YEAR 1923.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0—1	...	...	...	...	...	2	1	1
1—5	...	1	4	2	...	...	5	7
5—10	6	7	2	3	...	...	...	...
10—15	2	6	1	4	...	...	1	1
15—20	8	11	1	1	...	5	1	1
20—25	19	12	1	2	2	2	...	...
25—35	19	18	...	2	6	8	...	...
35—45	24	9	...	...	23	7	1	1
45—55	19	4	...	...	7	5	...	...
55—65	4	1	...	...	6	3	...	...
65 & upwards	1	...	...	...	2	...	...	...
TOTALS ...	102	69	9	14	46	32	9	11

TABLE VI.

TUBERCULOSIS, 1923.

Interval elapsing between date of notification and date of death.

	Not notified	Under 1 week	Under 1 month	Under 3 months	Under 6 months	Under 1 year	Under 2 years	Under 3 years	Over 3 years	Total Deaths
Pulmonary—Males ...	10	4	4	7	2	3	6	1	9	46
Pulmonary—Females...	7	3	3	2	1	3	7	1	5	32
Non-Pulmonary—Males	7	1	1	...	...	...	...	...	...	9
Non-Pulmonary--Females	8	2	...	...	1	...	...	...	...	11
Totals ...	32	10	8	9	4	6	13	2	14	98

TABLE VII. TUBERCULOSIS, 1923.

	Pulmonary	Non-Pulmonary	Total
Cases notified	171	23	194
Cases re-notified	95	3	98
Cases admitted to Institutions :			
Sanatoria... ..	108	...	108
Kinver Hospital ...	22	...	22
Poor Law Infirmary	7	...	7
Other Institutions ...	4	...	4
Cases discharged from Institutions :			
Sanatoria... ..	104	...	104
Kinver Hospital ...	18	...	18
Poor Law Infirmary	9	...	9
Other Institutions ...	7	...	7
First visits to homes by Inspectors	171	23	194
Number of Deaths ...	78	20	98

TABLE VIII. NEW CASES ATTENDING T.B. DISPENSARY.

	Pulmonary	Non-Pulmonary	Total
Recommended for :			
Dispensary Treatment ...	17	4	21
Domiciliary	15	...	15
Hospitals... ..	21	1	22
Sanatorium	70	1	71
Totals	123	6	129

TABLE XI. INFECTIOUS DISEASES, YEAR 1923.

NUMBER OF NOTIFICATIONS.														Total Admitted Cases to Notified. Hospital.										DEATHS.										Total Deaths.
Age-periods.		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & Up.			0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & Up.							
Diphtheria	...	1	2	6	6	2	17	10	3	6	...	2	...	55	45	...	2	...	...	...	...	...	...	...	...	...	...	...	2	
Scarlet Fever	...	1	5	16	15	10	89	36	11	7	3	1	...	194	179	...	1	...	...	...	1	...	...	...	...	...	...	...	2	
Enteric Fever	...	...	1	...	...	...	...	...	1	2	...	...	...	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	1	7	1	...	...	9	6	...	...	...	...	...	...	...	...	2	...	...	...	...	2	
Erysipelas	...	...	...	...	1	...	...	1	2	1	1	8	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum		41	...	...	...	...	...	...	...	...	...	...	...	41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Primary Pneumonia	...	3	5	1	1	2	10	5	5	13	12	7	5	69	15	19	12	3	2	1	1	...	1	11	10	25	14	99						
Influenzal Pneumonia	...	...	1	...	2	...	...	...	4	3	5	3	2	20	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica		...	...	...	...	...	...	...	1	1	...	...	...	2	1	...	...	...	...	...	...	...	...	...	2	...	...	...	2	
TOTALS	...	46	14	23	25	14	116	52	28	40	22	21	7	408	252	19	15	3	2	1	2	...	1	13	12	25	14	107						

CASES OF INFECTIOUS DISEASES NOTIFIED IN EACH WARD, YEAR 1923.

WARD	Diphtheria	Scarlet Fever	Enteric Fever	Puerperal Fever	Erysipelas	Ophthalmia Neonatorum	Primary Pneumonia	Influenzal Pneumonia	Encephalitis Lethargica
St. Peter	1	11	...	1	1	5	3	...	...
St. Mary	2	12	...	...	1	9	7	1	...
St. James	3	15	...	...	1	4	11	2	...
St. Matthew	3	8	1	...	...	7	13	...	1
St. George	12	39	...	1	2	2	8	3	...
St. John	5	12	1	1	...	1	2	2	...
Blakenhall	3	36	...	...	1	...	11	6	...
Graiseley	7	25	1	...	4	5	4	1	...
Merridale	6	7	1	...	1	3	1	...	...
St. Mark	2	5	...	1	...	1	2	...	...
Park	5	10	...	3	1	1	3	2	1
Dunstall	6	14	...	2	2	3	4	3	...
Borough...	55	194	4	9	14	41	69	20	2

TABLE XII.

TABLE XIII

BOROUGH INFECTIOUS HOSPITAL.

Cases in Hospital on January 1st, 1923	...	...	69
Total cases admitted during year	...	...	237
Cases admitted from outside districts	...	...	55
Cases wrongly diagnosed as Scarlet Fever	...	...	11
Other diseases	...	...	2
Mild and uncomplicated cases	...	...	118
Severe and septic cases	...	...	106
Complications :—			
Adenitis	...	...	56
Otitis Media	...	...	18
Nephritis	...	...	9
Rhinitis	...	...	14
Scarlatinal Rheumatism	...	...	6
Miscellaneous	...	...	3
Number of Operations performed :—			
Minor Operations	...	...	21
Major	„	...	—
Number of Deaths from Scarlet Fever	...	...	4
Number of Deaths from other diseases	...	...	—
Total cases discharged during the year	...	...	288
Average duration of treatment	...	...	45 days
Average number of beds occupied	...	...	32·2
Cases in Hospital, December 31st, 1923	...	...	14

The above figures refer to all cases admitted to the Borough Hospital and not solely to Wolverhampton cases.

TABLE XIV. BOROUGH HOSPITAL.

DEATHS FROM SCARLET FEVER.

AGES AT DEATH.

Under 1 year.	1 year.	2 years.	3 years.	4 years.	5 years.	10 years.	15 years.	Over 20 years.
Nil.	1	1	Nil.	Nil.	2	Nil.	Nil.	Nil.

TABLE XV.
SCARLET FEVER RETURN CASES.

1	January.
1	February.
Nil.	March.
1	April.
1	May.
1	June.
1	July.
Nil.	August.
Nil.	September.
Nil.	October.
Nil.	November.
Nil.	December.
6	Whole Year.

PERIODS OF STAY IN HOSPITAL OF CASES
ASSOCIATED WITH RETURN CASES.

Less than 5 weeks.	5 weeks.	6 weeks.	7 weeks.	8 weeks.	More than 8 weeks.
1	3	1	Nil.	1	Nil.

SCARLET FEVER—RETURN CASES.

*Interval elapsing between discharge of Patient
and onset of second case in house.*

Under 1 week.	1—2 weeks.	2—3 weeks.	Over 3 weeks.
1 case,	3 cases,	1 case,	1 case.

TABLE XVI. ENTERIC FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1914	8	3	0·03	0·05
1915	3	1	0·01	0·04
1916	3	...	...	0·03
1917	2	...	...	0·03
1918	...	...	...	0·03
1919	...	...	...	0·01
1920	2	...	...	0·01
1921	4	...	...	0·02
1922	7	4	0·04	0·01
1923	4	...	...	0·01

TABLE XVII. SCARLET FEVER.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1914	185	5	0·05	0·08
1915	206	2	0·02	0·06
1916	153	3	0·03	0·04
1917	286	5	0·05	0·02
1918	183	5	0·05	0·03
1919	151	4	0·04	0·03
1920	284	7	0·07	0·04
1921	388	7	0·07	0·03
1922	340	6	0·06	0·04
1923	194	2	0·02	0·03

TABLE XVIII. DIPHTHERIA.

Year	Cases	Deaths	Death Rate per 1,000 population	
			WOLVERHAMPTON	England & Wales
1914	115	18	0·19	0·15
1915	140	15	0·16	0·15
1916	125	17	0·18	0·14
1917	56	7	0·08	0·13
1918	56	5	0·05	0·14
1919	56	2	0·02	0·13
1920	49	3	0·03	0·15
1921	43	3	0·03	0·12
1922	29	2	0·02	0·11
1923	55	2	0·02	0·07

TABLE XIX. WHOOPING COUGH.

Year.	Deaths.	Death Rate per 1,000 population.	
		WOLVERHAMPTON.	England and Wales.
1914	17	0·18	0·21
1915	11	0·11	0·21
1916	15	0·16	0·16
1917	18	0·19	0·13
1918	14	0·15	0·29
1919	9	0·09	0·07
1920	21	0·21	0·11
1921	7	0·07	0·12
1922	22	0·21	0·16
1923	8	0·08	0·10

TABLE XX. BACTERIOLOGICAL EXAMINATIONS, 1923.

	Positive.	Negative.	Total.
For Diphtheria Bacilli.			
Swabs ..	83	266	349
For Tubercle Bacilli.			
Sputum	10	29	39
Others	1	...	1
Totals	94	295	389

TABLE XXI.

DEATHS UNDER 1 YEAR, ARRANGED ACCORDING TO WEEKS AND MONTHS.

CAUSE OF DEATH.			Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	EAST	WEST	Total Deaths under 1 year
All Causes {	Certified ...	...	56	7	10	10	83	23	23	24	20	102	71	173
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	3	3	...	3
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	2	1	1	3	1	...	4
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	1	...	...	...	...	1	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	2	1	1	2
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	1	1	...	2	...	...	2
Meningitis (not tuberculous)	...	...	...	...	...	...	...	...	3	...	2	1	...	3
Convulsions	...	...	5	1	...	1	7	2	...	...	...	6	3	9
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	1	...	...	1	2	5	7	2	11	6	17
Pneumonia (all forms)	...	...	...	1	...	...	1	5	5	3	5	16	3	19
Diarrhœa	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Enteritis	...	...	...	...	...	4	4	6	4	5	2	12	9	21
Gastritis	...	...	...	...	...	...	...	1	1	1	2	1	4	5
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	...	...	1	...	...	...	1	...	...	...	...	1	...	1
Injury at birth	...	...	2	...	...	...	2	...	...	...	...	1	1	2
Atelectasis	...	...	5	...	1	...	6	...	...	...	...	4	2	6
Congenital Malformations	...	...	5	...	...	...	5	1	1	...	1	3	5	8
Premature Birth	...	...	30	2	5	2	39	2	2	...	...	25	18	43
Atrophy, Debility and Marasmus	...	...	6	2	2	3	13	3	...	3	...	8	11	19
Other Causes	...	...	2	...	2	...	4	...	1	...	2	3	4	7
Totals	...	...	56	7	10	10	83	23	23	24	20	102	71	173

TABLE XXII.

DEATHS FROM DIARRHŒA AND ENTERITIS, 1923 AND 9 PREVIOUS YEARS.

	East Sub-District.		West Sub-District.		Wolverhampton.		England and Wales
Year.	Deaths under 2 years.	Rate per 1,000 births.	Deaths under 2 years.	Rate per 1,000 births.	Deaths under 2 years.	Rate per 1,000 births.	Death Rate per 1,000 births.
1914	52	42·90	24	17·47	76	29·82	21·05
1915	28	26·31	12	9·24	40	17·16	18·86
1916	36	35·89	21	16·21	57	25·04	13·09
1917	18	19·56	5	4·59	23	14·38	12·80
1918	16	16·41	6	5·42	22	10·50	11·66
1919	34	33·43	8	7·14	42	20·75	10·22
1920	11	8·01	10	6·52	21	8·28	8·89
1921	49	38·67	11	8·12	60	23·15	15·50
1922	10	8·69	5	4·30	15	6·48	6·20
1923	14	12·70	17	14·47	31	13·61	7·70

TABLE XXIII.

MIDWIVES.

No. of midwives on Register	...	...	...	44
No. of trained midwives working independently	...	...	...	15
No. of trained midwives in institutions	...	...	...	13
No. of untrained midwives working independently	...	...	...	16

NOTIFICATIONS RECEIVED FROM MIDWIVES.

(a) Of sending for medical assistance	...	...	427
(b) Of still births	...	...	54
(c) Of proposal to substitute artificial feeding	...	...	16
(d) Of being a source of infection.	...	...	13

WORK OF THE SUPERINTENDENT OF MIDWIVES.

(a) No. of routine visits to midwives	...	...	259
(b) No. of special visits to midwives	...	...	80
(c) No. of special visits to patients	...	...	52
(d) No. of ante-natal visits	...	...	12
(e) No. of visits <i>re</i> still births	...	...	44
(f) No. of visits <i>re</i> Puerperal Fever cases	...	...	8

TOTAL VISITS ... 455

TABLE XXIV.

CONDITIONS FOR WHICH DOCTORS WERE CALLED IN BY MIDWIVES.

PREGNANCY.

Ante-partum Hæmorrhage	...	...	...	15
Abortion	...	...	...	1
Miscarriage	...	...	...	7
Toxæmias (<i>a</i>) Unclassified	...	...	7	} 9
(<i>b</i>) Eclampsia	...	...	2	
Undiagnosed	...	...	...	4
Death of Mother	...	...	...	1

LABOUR.

Abnormal Labour	...	...	...	134
Post-partum Hæmorrhage	...	...	...	15
Retained and Adherent Membranes	...	...	...	27
Ruptured Perineum	...	...	...	24

PUERPERIUM.

Puerperal rise of Temperature	...	...	...	13
Mastitis	...	...	...	2
Subinvolution...	...	...	...	2
Unclassified (Indefinite Diagnosis)	...	...	...	20

INFANT.

Ophthalmia	...	...	...	83
Convulsions	...	...	...	5
Atrophy, Debility and Marasmus	...	...	...	29
Bronchitis	...	...	...	2
Congenital Malformations	...	...	...	14
Icterus Neonatorum	...	...	...	3
Unclassified (Indefinite Diagnosis)	...	...	...	17

TABLE XXVII.

MATERNITY AND CHILD WELFARE CENTRES.

	Horseley Fields	Merridale Street	Stafford Street	Salop Street	Totals
INFANTS					
No. of Sessions	98	98	96	50	342
New Cases under 1 year	414	399	280	...	1093
New Cases over 1 year ...	78	87	63	...	228
Attendances under 1 year	5444	4327	3561	...	13332
Attendances over 1 year	2604	2233	2451	...	7288
Total Attendances ...	8048	6560	6012	...	20620
EXPECTANT MOTHERS					
New Cases ... ..	...	...	...	172	...
Total Attendances ...	...	...	...	934	...
Average Attendances per Session	82.1	66.9	62.6	18.7	...

SCHOOL FOR MOTHERS.

Sessions ... 46 Attendances ... 346

TABLE XXVIII.

WOLVERHAMPTON COUNTY BOROUGH, CASES OF
OPHTHALMIA NEONATORUM, 1923.

Cases notified by (a) Doctors	...	...	3
„ „ „ (b) Midwives	...	...	38
			<u>41</u>
Cases treated at home	...	...	5
„ „ „ out-patients Eye Infirmary	...	...	35
„ „ „ in-patients „ „	...	...	1
			<u>41</u>
Results :—			
Sight apparently perfect	...	...	40
„ impaired	...	...	—
Blind one eye	...	...	—
Blind both eyes	...	...	—
Result unknown (left district)	...	...	1
			<u>41</u>

N.B.—One Infant, notified as suffering from Ophthalmia Neonatorum, died of another disease a few days afterwards.

TABLE XXIX.

**ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS
RELATING TO PUBLIC HEALTH IN FORCE IN THE
DISTRICT, WITH DATE OF ADOPTION.**

Local Acts :—

-
- Wolverhampton Improvements Act, 1869.
 - Wolverhampton Corporation Act, 1887.
 - Wolverhampton Corporation Act, 1891.
 - Wolverhampton Corporation Act, 1904.
 - Wolverhampton Corporation Act, 1908.
 - Wolverhampton Corporation Water Act, 1915.

General Adoptive Acts :—

- Artizans' and Labourers' Dwellings Improvement Act, 1875.
(Adopted 1877).
- Public Health Acts Amendment Act, 1890. (Adopted 1891).
Parts 2, 3, 4 and 5.
- Infectious Diseases Prevention Act, 1890. (Adopted 1891).
- Public Health Acts Amendment Act, 1907. (Adopted 1910).
Sections 19, 20, 22, 23, 24, 26, 33 (Part II), 35-38 and 46-51
(Part III), 62, 65-68 (Part IV), 78-81 and 85 (Part VII), 88,
89 (Part VIII), and 91 (Part IX).

Regulations as to Dairies, Cowsheds and Milkshops (Revised 1923).**Bye-Laws with respect to :—**

- Common Lodging Houses, 1870.*
- New Streets and Buildings, 1912.
- Offensive Trades, 1913.
- Public Sanitary Conveniences, 1902.
- Slaughter Houses (Revised 1912).
- Public Slaughter Houses, 1918.
- Nuisances arising from snow, 1897.
- Nuisances arising from animals, 1920.
- Good Rule and Government (Spitting), 1920.

* Further provisions contained in the Local Act of 1904.

WORKSHOPS.

TABLE XXX. A.—INSPECTIONS.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions (4)
Factories (includg. Factory Laundries) Workshops („ Workshop „) Workplaces	4898	109	1
Total	4898	109	1

B.—DEFECTS FOUND.

Particulars. (1)	Number of defects.			Prosecu- tions. (5)
	Found. (2)	Remed- ied. (3)	Referred to H.M. Insp'ctr (4)	
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—				
Want of cleanliness	106	191	...	...
Want of ventilation	1	1	...	...
Overcrowding	1	4	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	209	172	...	...
* Sanitary Accommodation { insufficient unsuitable, or de- fective not separate for sexes	8	29	...	1
Total	325	397	...	1

* Section 22 of the Public Health Acts Amendment Act, 1890, is in force, and the standard aimed at is that of the Order of February, 1903.

TABLE XXX.—*Continued.* C.—HOME WORK.

* NATURE OF WORK.	OUTWORKERS' LISTS, SEC. 107.					
	Received from Employers.					
	Twice in the year.			Once in the year.		
	Lists.	Out Workers.		Lists.	Contractors.	Workmen.
		Contractors.	Workmen.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, &c. ...	6	8	14	3	1	5
File Making ...	2	...	3	...	...	...
Locks, Latches & Keys ...	...	...	...	1	...	3
Totals ...	8	8	17	4	1	8

* When the return is "nil" the item is omitted from the table.

D.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2)
Boot and Shoe Makers and Repairers, 83 ; Bakehouses, 74 ; Lockmakers, 43 ; Tailors, 69 ; Dressmakers, 34 ; Milliners, 29 ; Cabinet Makers and Upholsterers, 19 ; Smiths, 17 ; Keymakers, 6 ; Spectacle Frame Makers, 11 ; Builders, &c., 26 ; various other trades, 241	652
Total number of Workshops on Register	652

E.—OTHER MATTERS.

Class (1)	Number (2)
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix Abstract of Factory and Workshop Act ...	...
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Acts	Notified by H.M. Inspector Reports (of action taken) sent to H.M. Inspectors
Others ... ..		9 ?
Underground Bakehouses (s. 101) :—	...
Certificates granted during the year	...
In use at the end of the year ... ..	...
	1

CANAL BOATS ACTS, 1877-1884.

Number of boats registered during 1923	...	...	11
„ „ inspected „ „	...	...	286
„ infringements discovered	...	...	65
„ notices issued	...	...	43
„ „ outstanding at end of year	...	...	6
„ infectious diseases notified	...	...	1
„ cabins disinfected	...	...	1

TABLE XXXI. PUBLIC COMPLAINTS OR REQUESTS RECEIVED
AND DEALT WITH.

Complaints in respect of :—Alleged or Suspected Sanitary Defects	...	851
„ and requests of :—Closet Pans or Ash Receptacles	...	118
TOTAL	...	969

SUMMARY OF ROUTINE INSPECTION WORK.

	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Investigations made into Notifiable Infections Diseases	50	50	65	34	35	57	1	292
Investigations made into other Infectious Diseases	4	23	74	96	128	124	...	449
Number of Houses inspected	161	137	197	290	597	288	...	1670
Re-inspections, Calls made, &c.	4145	3153	3806	2714	2543	4952	4316	25629
Smoke observations	4	11	3	8	4	2	20	52
Inspections under Housing, etc., Act	...	25	...	202	27	9	...	263
„ of Houses Let-in-Lodgings	35	68	18	87	16	22	...	246
„ „ Canal Boats	4	...	...	...	2	...	282	288
„ „ Workshops	...	...	...	...	...	...	46	46
„ „ Bakehouses	93	180	89	54	39	75	...	530
„ „ Cowhouses	...	17	15	2	31	16	...	81
„ „ Dairies and Milkshops	85	513	292	84	180	308	...	1462
„ „ Slaughter-houses	349	436	551	113	395	774	...	2618
„ „ Offensive Trades	82	458	226	73	165	167	16	1187
„ „ Stables and Stable-yards	15	284	20	12	100	86	249	766
„ „ Courts, Outdoor Closets, Drains, &c.	2822	1941	2874	1134	2308	2209	233	13521
„ „ Piggeries, Fowls, and other Animals kept	36	17	19	3	67	83	1	226
„ „ Meat and Food	348	572	453	873	384	629	...	3259
Miscellaneous	25	26	110	48	114	33	211	567
TOTAL INSPECTIONS, &c.	8258	7911	8812	5827	7135	9834	5375	53152
References to :								
Cleansing Department	4	30	15	17	9	23	7	105
Borough Engineer's „	57	47	49	41	134	34	34	396
Water Engineer's „	25	11	103	17	88	24	13	281
TOTALS	86	88	167	75	231	81	54	782

TABLE XXXII. SANITARY DEFECTS REPORTED.

		N.W.	W.	S.W.	N.E.	E.	S.E.	Work-shops.	Total for Borough.
HOUSES AND WORKSHOPS ;—									
1. Requiring cleansing and limewashing	...	68	52	113	159	226	155	86	859
2. Dampness ...	...	47	135	195	119	185	93	12	786
3. Dilapidations or defective ventilation	...	103	98	154	189	399	203	10	1,156
4. Overcrowded	...	13	11	5	14	32	34	1	110
5, 6, 7, 8, 10. Defective or insufficient closet accommodation	...	372	53	70	81	52	103	57	788
9, 36. Defective urinals...	...	...	...	1	...	...	1	2	4
11, 13, 14, 15, 16, 27. Defective sanitary fittings	...	37	49	45	18	75	32	3	259
35. Offensive accumulations	...	44	44	92	24	26	86	12	328
17, 21, 23. Defective drains	...	42	8	27	22	25	17	...	141
20. Drains found stopped	...	67	39	153	96	104	97	12	568
24. Defective fall pipes ...	...	51	50	114	50	100	65	14	444
25. Defective eaves spouting	...	71	79	131	80	114	60	18	553
26. Defective roofs	...	62	71	146	66	120	74	18	557
GENERAL:—									
28. Defective yard surfaces	...	25	35	24	4	48	30	2	168
29, 30. Defective outbuildings	...	78	135	240	60	367	226	39	1,145
31, 32. Defective ash receptacle	...	159	170	120	124	87	85	3	748
33, 34. Infringements of Bye-laws	...	18	21	19	29	50	82	3	222
MISCELLANEOUS ...		76	63	83	68	93	71	33	487
		1,333	1,113	1,732	1,203	2,103	1,514	325	9,323

TABLE XXXIII. NOTICES SERVED DEALING WITH THE AFORESAID SANITARY DEFECTS.

FORM OF NOTICES.	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Intimation (Preliminary)	133	231	375	328	321	403	80	1871
Statutory	465	476	680	538	752	610	29	3550
TOTALS	598	707	1055	866	1073	1013	109	5421
Prosecutions :								
Non-compliance with Notices	1	...	5	2	13	5	1	27
Bye-laws Infringements	1	...	...	...	1	2	...	4
Establishing Offensive Trades ... ..	...	...	...	1	...	...	...	1
Conveying Infectious Person in Public Conveyance ... ..	...	...	...	...	...	1	...	1
TOTALS	2	...	5	3	14	8	1	33

TABLE XXXIV. IMPROVEMENTS MADE IN COMPLIANCE WITH NOTICES SERVED.

IMPROVEMENTS.	DISTRICTS.						Work-shops.	Total for Borough.
	N.W.	W.	S.W.	N.E.	E.	S.E.		
Drains { Reconstructed	632	113	45	59	34	46	5	934
Drains { Improved or Repaired	360	94	315	191	47	464	18	1489
Drains { Traps fixed	430	171	184	717	33	487	8	2030
Drains { Provided	36	15	30	13	35	14	...	143
Sinks Improved or Repaired	485	16	39	15	32	9	1	597
Pan Closets altered to Water Closets	819	128	183	445	29	228	7	1839
Water Closets { Constructed	2	2	4	22	2	15	4	51
Water Closets { Improved or Repaired	24	65	93	113	35	100	18	448
Ashpits { Ash Bins provided	780	241	261	388	110	244	1	2025
Ashpits { Altered to Bin	8	29	15	13	...	22	...	87
Ashpits { Improved or Repaired	18	2	...	13	1	6	...	40
Courts, Yards, and Channels { Relaid or Repaired	842	198	219	326	70	282	4	1941
Water { Wells Closed	1	...	...	...	1	...	...	2
Water { Water laid on	12	8	31	11	12	49	...	123
Water { Soft Water Cisterns Cleansed	7	7	1	...	...	...	1	16
Houses { Cleansed or Limewashed	84	168	162	236	263	214	107	1234
Houses { Generally Repaired	193	316	277	295	349	450	11	1891
Houses { Lighted or Ventilated	20	14	82	6	212	70	1	405
Houses { Spouting, etc., provided or repaired	234	224	283	302	191	209	13	1456
Overcrowding Abated	6	5	5	12	13	18	4	63
Out-door Premises Limewashed	744	503	519	310	505	804	84	3469
Out-door Premises Improved or Repaired	494	530	224	99	174	330	25	1876
Animals Removed	12	19	18	94	32	67	1	243
Offensive Accumulations Removed	143	161	222	242	202	172	63	1205
Other Amendments or Nuisances Abated	33	14	10	226	15	21	21	340
TOTAL IMPROVEMENTS	6419	3043	3222	4148	2397	4321	397	23947
TOTAL PREMISES IMPROVED	1503	1284	1650	1455	1370	2491	215	9968

TABLE XXXV.

WOLVERHAMPTON HOUSING CONDITIONS.

STATISTICS, YEAR ENDED 31st DECEMBER, 1923.

Number of new houses erected during the year :—

(a) Total	...	...	...	...	...	204
(b) With State Assistance under the Housing Acts, 1919 or 1923.						
(1) By Local Authority	...	...	...	...	...	133
(2) By other bodies or persons	...	...	...	...	...	4

2.—UNFIT DWELLING HOUSES.

I.—INSPECTION.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	1033
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	... ..	263
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	... ..	238
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation...		1114

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of Informal action by the Local Authority or their Officers	No record
---	--------	-----------

III.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under section 28 of the Housing, Town Planning, etc. Act, 1919	Nil
---	--------	-----

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	... ..	2758
(2) Number of dwelling houses in which defects were remedied :—		
(a) By Owners	... ..	2236
(b) By Local Authority in default of Owners		Nil

TABLE XXXV.—*Continued.*

C.—Proceedings under section 17 and 18 of the Housing, Town Planning, etc. Act, 1909.

(1) Number of representations made with a view to a making of Closing Orders	...	...	5
(2) Number of dwelling houses in respect of which Closing Orders were made	...	...	2
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses have been rendered fit	...	...	Nil
(4) Number of dwelling houses in respect of which demolition orders were made	...	...	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	Nil

TABLE XXXVI. DISEASED OR UNSOUND FOOD DESTROYED.

(a) Surrendered to Sanitary Inspector.

Portion of fore and hind quarter of beef.
 Portions of hind quarter of frozen meat.
 1 hind quarter frozen beef.
 Portions of flank of beef.
 Portions of hind quarter of frozen beef.
 Portion of hind quarter of beef.
 8 pieces of frozen beef and 3 packages of beef.
 Hind quarter of beef.
 Hind quarter of chilled beef.
 3 pieces, 1 box of 10 pieces, and other quantity of beef.
 Carcass of calf.
 1 sheep carcass, and 1 piece of mutton.
 Offals and flank of 1 sheep.
 Portion of the fore quarter of sheep carcass.
 Portion of ribs of sheep.
 Carcass &c. of pig.
 Carcass and offals of pig.
 19 loins of chilled pork.
 1 leg of pork.
 39 pigs' heads.
 3 pigs' livers.

TABLE XXXVI,—*Continued*.

8 sets pigs' fry.
8 foreign beast livers.
2 sets bovine lungs, udder, and 3 sheeps' livers.
1 shoulder of bacon.
1 hamper of fowl and 1 fowl (boiled).
1 hamper of poultry.
1 basket and $4\frac{1}{2}$ couple of chickens.
$10\frac{1}{2}$ couple of rabbits.
1 hare, $2\frac{1}{2}$ brace of pheasants, and 1 grouse.
17 rabbits' livers.
1 tin of corned beef.
6 lbs. and part of tin of beef.
4 lbs. and part of tin of pork.
1 tin of eggs.
1 piece of salmon.
1 bag of mussels, 1 box of pollock, and 3 boxes of haddock.
1 box of red mullets, and 2 boxes of smelts.
1 box of fish roes.

(b) Surrendered at Public Abattoir.

Carcasses of beef	...	...	...	287
Hind-quarters	...	...	...	2
Fore-quarters	...	...	...	12
Carcasses of mutton	...	...	...	45
,, veal	...	...	...	39
,, pork	...	...	...	37
Bovine heads	...	...	...	480
,, livers	...	...	...	547
,, lungs	...	...	...	460
,, hearts	...	...	...	273
,, spleens	...	...	...	279
,, bellies	...	...	...	315
,, kidneys	...	...	...	30
Pigs' heads ...	...	...	...	44
Pigs' plucks	...	...	...	51
Sheeps' plucks	...	...	...	31

TABLE XXXVII.

SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

Report of the Public Analysts, appointed for the Borough of Wolverhampton, upon the articles analysed by them under the above Acts during the year 1923 :—

Article.	Genuine.	Adulterated.	TOTAL.
77 Milk	68	9	77
53 Butter	53	...	53
30 Lard	30	...	30
22 Sterilised Milk	22	...	22
14 Ale	14	...	14
12 Sausage	10	2	12
7 Preserved Cream	7	...	7
6 Margarine	6	...	6
5 Brawn	5	...	5
4 Pork Pie	4	...	4
4 Black Pudding	4	...	4
3 Malt Vinegar	3	...	3
3 Bologne Sausage	2	1	3
2 Cream	2	...	2
1 Saveloys ... ..	...	1	1
1 Lunch Sausage	1	...	1
1 Bicarbonate of Soda	1	...	1
1 Camphorated Oil	1	...	1
1 Glycerine	1	...	1
1 Castor Oil	1	...	1
1 Food Preservative	1	...	1
1 Olive Oil	1	...	1
Cakes.			
8 Sponge	8	...	8
1 Sponge Fingers	1	...	1
1 Wine	1	...	1
1 Bun	1	...	1
261 TOTAL.	248	13	261

TABLE XXXVIII.

SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

SUMMONSES.

No. of Sample.	Article.	Adulteration or Offence.	Result.
(B.G. 4)	Milk.	Contains 6.9 % of added water.	Fine of 10/- and 13/6 Special Costs.
(B.B. 116)	„	Contains 6.9 % of added water.	Fine of 20/- and 13/6 Special Costs.
(B.G. 16)	„	5 % deficient in fat.	*To pay Costs, 13/6.
(B.G. 17)	„	18 % deficient in fat.	*Fine of £3 and 13/6 Costs. (*Both same Vendor).

NOTE.—No proceedings were taken in respect of five other milks, two of which were taken unofficially.

For the offence of non-labelling of a milk vessel, a fine of 20/- was imposed. A written caution was sent to the vendors of four other milks containing excess boric acid.

A fine of 40/- and 13/6 special costs, and a fine of 20/- and 13/6 special costs, and three fines of 10/-, 20/-, and 40/- and costs were imposed for offences under the Margarine Act, 1887.

A fine of 5/- and 13/6 special costs were imposed for an offence under the Food and Drugs Act, 1889, Section 9.

TABLE XXXIX.

MILK AND CREAM REGULATIONS.

Report of Administration in connection with the Public Health (Milk and Cream) Regulations 1912-1917, year ending December 31st, 1923 :—

(1) Milk and Cream not sold as preserved cream :—

	Number of samples examined for presence of a preservative.	Number in which a preservative was reported present.
Milk ...	77	Nil.
Cream ...	2	Nil.

(2) Cream sold as preserved cream :—

(a) Samples submitted for analysis to ascertain if the statements on the label as to preservation were correct :—

(I.) Correct statements made	...	7
(II.) Statements incorrect	...	Nil.
Total	...	<u>7</u>

(b) Determinations of milk fat in cream sold as preserved cream :—

(I.) Above 35 per cent.	...	7
(II.) Below 35 per cent.	...	Nil.
Total	...	<u>7</u>

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream have not been complied with :—

Nil.

(d) Cases in which the Regulations have not been complied with, and action taken :—

Nil.

(3) Thickening substances. No evidence of their addition to cream or preserved cream was found.

TABLE XL.

RETURN relating to all persons who were treated at the Venereal Diseases Treatment Centre at Wolverhampton and Staffordshire General Hospital during the year ended the 31st December, 1923.

	Syphilis.		Soft Chancre.		Gonorrhœa		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of persons who, on the 1st January, 1923, were under treatment or observation for	102	142	...	...	50	15	...	...	152	157
2. Number dealt with during the year for the first time and found to be suffering from:—										
Syphilis only	67	73	...	...	...	...	...	...	67	73
Soft chancre only ... ..	...	...	...	...	...	...	...	...	...	...
Gonorrhœa only... ..	...	...	...	...	142	64	...	...	142	64
Syphilis and soft chancre ... ..	...	2	...	2	...	...	...	...	...	4
Syphilis and gonorrhœa	4	6	...	...	4	6	...	...	8	12
Gonorrhœa and soft chancre ... ..	...	...	...	1	...	1	...	...	...	2
Syphilis, soft chancre and gonorrhœa ... ..	...	...	...	...	...	...	...	...	...	...
Conditions other than venereal ... ..	...	...	...	...	...	...	121	65	121	65
TOTAL—Item 2	71	81	...	3	146	71	121	65	338	220
TOTAL—Items 1 and 2	173	223	...	3	196	86	121	65	490	377
3. Number of persons who ceased to attend:—										
(a) before completing the first course of treatment for... ..	1	4	...	...	3	2	...	...	4	6
(b) after one or more courses but before completion of treatment for	1	...	...	...	...	...	...	...	1	...
(c) after completion of treatment, but before final tests as to cure of	8	19	...	...	9	4	...	...	17	23
4. Number of persons transferred to other Treatment Centres after treatment for	12	18	...	...	7	11	...	...	19	29
5. Number of persons discharged after completion of treatment and observation for	57	55	...	2	131	23	...	...	188	80
6. Number of persons who, on the 1st January, 1924, were under treatment or observation for	94	127	...	1	46	46	2	11	142	185
TOTAL—Items 3, 4, 5, and 6	173	223	...	3	196	86	2	11	371	323
7 Out-patient attendances:—										
(a) For individual attention by the Medical Officer	1878	2401	...	25	1432	1302	243	195	3553	3923
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	480	300	...	26	4112	2189	28	191	4620	2766
Total attendances	2358	2761	...	51	5544	3491	271	386	8173	6689
8 Aggregate number of “In-patient days” of treatment given to persons who were suffering from	211	57	...	29	155	52	4	6	370	144

TABLE XL.—*Continued.*
Examination of Pathological Material.

	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	13	686	9	799

STATEMENT showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

	Wolverhampton.	Staffs.	Salop.	Walsall.	Dudley.	Birmingham.	Other Authorities.	TOTAL.
A. Number of persons from each area dealt with during the year <i>for the first time</i> and found to be suffering from :—								
Syphilis	67	68	10	3	1	3	...	152
Soft chancre	1	2	...	...	...	...	...	3
Gonorrhœa	86	109	14	3	2	1	2	217
Conditions other than venereal	92	84	6	1	1	1	...	186
TOTAL	246	263	30	7	4	5	3	558
B. Total number of attendances of all patients residing in each area	6394	6839	1136	207	42	63	181	14,862
C. Aggregate number of "In-patient days" of all patients residing in each area	143	264	107	...	...	...	...	514
D. Number of doses of Arsenobenzol Compounds given in the :—								
1. Out-patient Clinic	714	801	110	41	...	20	...	1686
2. In-patient Dept.	12	12	10	...	...	...	...	34
to patients residing in each area.								

(Signed),

GEORGE MITCHELL, M.D.,

Medical Officer of the Treatment Centre.

January 30th, 1924.

TABLE XLI.
PUBLIC HEALTH PUBLICITY WORK, 1923.

Date.	Audience.	Subject	Attend- ance.
18th January ...	* Friendly Societies Council	Venereal Diseases ...	25
24th January ...	‡ Unemployed Girls ...	Mothercraft ...	80
25th January ...	* Y. W. C. A. ...	Health as a Beautifier ...	70
8th February ...	* Women's Club ...	Ditto ditto ...	35
6th February ...	* Rotary Club ...	Milk borne Tuberculosis	55
10th April ...	† Ditto ditto ...	Sanitation ...	60
18th April ...	† Women's Co-operative Guild	Ditto ...	75
26th April ...	* Women's Club (Queen Street)	Healthy Homes ...	50
28th June ...	Lecture by Miss Norah March, B.Sc., in Theatre Royal	Babyhood ; what it means and what it promises	310
27th—29th June	‡ Six Addresses at Welfare Exhibition	Mothercraft ...	120
18th October ...	† Friendly Societies Council	Sanitation ...	30
5th November	* Lecture in the Town Hall	Premature Old Age ...	200
8th November	‡ Women's Co-operative Guild	Welfare Work ...	100
15th November	‡ School Girls ...	Mothercraft ...	40
28th November	Lantern Lecture to Milk producers & retailers by Dr. R. Stenhouse Williams	Production and handling of clean milk	130
8th December	* Sanitary Inspectors ...	The New Hygiene ...	40
TOTAL ...			1400

* Lecture by Medical Officer of Health.

† „ „ Chief Sanitary Inspector.

‡ „ „ Supt. Health Visitor.

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Dairies, Cowsheds and Milk- shops	32	Prosecutions	61
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